

APPLICATION FOR PERMIT FOR SALE OF ALCOHOL

CITY OF CANTON 201 N. Buffalo Canton, TX 75103 903-567-1841 (Phone) 903-567-1793 (Fax)

Date:	Phone Number:		
Applicant or Applicant's Representative:			
Business Name:			
Business Mailing Addre	ess:		
Physical Address of Bu	siness:		
Applicant Mailing Addr			
Applicant Phone:	Applicant's Email:		
	ot: Block Subdivision:		
Original Application Annual Renewal Expiration Date			
Application is for: BQ Wir	ne and Beer Retailers Off-Premise Permit		
RM Mix	red Beverage Restaurant Permit with FB		
Other			
Survey provided; prepared and sealed by a Texas Registered Professional Land Surveyor showing property lines, buildings, measurements Texas Alcoholic Beverage Commission Off-Premise Prequalification Packet Attached Non-refundable Administrative Processing Fee (\$150) paid at the time of application.			
	as Alcoholic Beverage Commission (TABC) Certificate along with applicable hedule") must be submitted prior to issuance of a City of Canton permit.		
Date Received:			

Comments / Special Conditions:
le application with the Office of the City Secretary at Canton City Hall, 201 N. Buffalo, Canton, Texas 5103 in person or by mail. For additional information, contact the City Secretary at 903-567-1841.
If fees must be paid at the time an application is submitted and are non-refundable. Failure to complete I information may cause a delay in processing the permit. The City's processing of a permit may take up thirty (30) days from the date an application is filed.
Applicant's Signature:
Printed Name:
Authorized Representative's Signature Printed Name:
Administrative Processing & Inspection Surcharge Paid:
Permit / License Fees Paid:
APPROVED REJECTED

APPLICATION ROUTING and REVIEW: FOR CITY STAFF USE ONLY

A. City Secretary	
INITIAL APPLICATION	RENEWAL APPLICATION (skip to D)
Application Filed date	Application Fee Paid
Application is Complete	Survey Provided
TABC Prequalification Packet is Provided	
SIGNED: City Secretary	
Application referred for Inspection date & Initial	
B. Inspection/Planning & Zoning Departm	ent Certification
Application Referred by City Secretary on <u>date</u>	
Survey is Complete	
Site Inspection Checklist	
Zoning Classification for Property	
Verify the statement. If statement is true, che	ck the blank.
1. Residential Area: Business is not loc	ated within 300' of a home front door to front door).
2. Church: Business is not located with	in 300' (front door to front door).
3. Public Hospital: Business is not locat	ted within 300' (front door to front door).
4. Public School: Business is not locate	d within 1000' (front door to front door).
5. Private School: Business is not locat	ed within 1000' (front door to front door).
6. Day-Care/Child-Care Facility: Busine	ess is not located within 300' (front door to front door).
7. Is the use requested by the applicar	nt a permitted use allowed in this zoning classification?
Application Referred back to City Secretary on	: date & Initial
C. City Secretary Application Referred back on date	
* If any of the above statements are not true A application shall be denied. Notify Applicant of	AND a variance has not been obtained, the permit of Variance Procedures.
Sign Packet and prepare file copy	
Return TABC Prequalification Packet to Applica	ant <u>date & Initial</u>
D. City Secretary	
TABC Certificate Provided by Applicant date	
Permit Fee Paid Provide	Certificate to Applicant date & Initial
E. City Secretary	
Mark Up Renewal Certificate Date	